



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9456

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/533,553   | <b>FILING OR 371(c) DATE</b><br>12/06/2005<br><b>RULE</b>   | <b>CLASS</b><br>604           | <b>GROUP ART UNIT</b><br>3761   | <b>ATTORNEY DOCKET NO.</b><br>355908-8201 |
| <b>APPLICANTS</b><br>David G. Matsuura, Encinitas, CA;<br>Philip J. Simpson, Escondido, CA;<br>Walter D. Gillespie, San Diego, CA;<br>Davis A. R. Kanbergs, Milton, CANADA;<br>Taras Worona, Etobicoke, CANADA;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA03/01645 10/28/2003<br>which claims benefit of 60/421,781 10/29/2002   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>** SMALL ENTITY **</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>15   | <b>TOTAL CLAIMS</b><br>36                 |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>9            |
| <b>ADDRESS</b><br>38706  |   |                               |   |   |
| <b>TITLE</b><br>Device and method for controlled expression of gases from medical fluids delivery systems  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1515   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |